disease; that is, to the carcinomatous nature of the tumor. 2. The great dilatation of the stomach made it probable that the obstruction was at or near the pylorus. 3. The free and combined HÇl and the marked coagulating power of the stomach-contents made it probable that the stomach itself was not involved. There was splashing between the tumor and the liver, probably in the beginning of the small intestine. 4. The absence of leucin, tyrosin, and bile from the stomach-contents, and the absence of icterus, made it likely that the tumor was between the pylorus and the ductus choledochus.

An Uncommon Form of Pigmentation of the Skin in Addison's Disease.—TREBITSCH (*Zeit. f. klin. Med.*, 1897, Band xxxii. S. 163) reports a very ineresting case of Addison's disease, with an unusual form of pigmentation of the skin. He refers briefly to the fact that involvement of the suprarenal glands is not constant in Addison's disease. The splanchnic nerves and sympathetic ganglia are diseased in a certain percentage of cases.

One of the most striking features of the disease is the pigmentation of the skin. The pigment is undoubtedly hæmatogenous in origin, but, as yet, the true cause of its deposition is not definitely known. When the pigmentation first appears it is either in the form of a diffuse bronzing of the skin or occurs as discrete patches, the former being the commoner. In either case those parts which are most exposed to the light and air and those situations where normal pigment is most abundant show the pigmentation most marked. Although the bronzing may be patchy at first, yet it is quite rare for the pigmentation to remain patchy throughout the course of the disease. He reports a case in which this feature persisted until death occurred.

The patient, male, aged twenty-one years, was admitted to the clinic on May 18, 1896, and died on May 20th. It was impossible to get a history from the patient himself, but an attendant gave the following account of the patient's illness:

For a few months he had gradually emaciated and complained of lassitude. Had never complained of pain. During the last few weeks small, dark patches of pigment appeared on the skin, especially on the face.

On admission patient's temperature was 36.2° C., pulse 120, respirations 20. He lay quietly on his back in a condition of stupor, and gave incoherent answers or none at all to questions asked.

The general color of the skin was a pale yellow, with a tinge of brown, the tinging being more marked on the face and hands than on the body. The face presented numerous light-brown to blackish patches, some of which were punctiform and others as large as millet-seeds. These were found everywhere on the skin of the face, and also on the eyelids, but not in the conjunctiva. The sclerotics were free from pigment. The pigmented areas were situated in the superficial layers of the skin, and there was no thickening to be made out in these situations. They were very clearly outlined from the surrounding skin.

Similar patches were present on the thorax and legs, but were larger and not so close together.

The pupils were of moderate size, equal, and reacted to light and accommodation. Fundus of the eye was normal. Visible mucous membranes were pale. The lips showed more or less confluent areas of pigmentation.

The hard palate presented a similar appearance, but the soft palate and pharynx showed no abnormal pigmentation. There was pigmentation of the inner side of the right cheek, extending as far back as the teeth on that side. There was no pigmentation of the laryngeal mucous membrane, matrix of nails, scrotum, penis, anal folds, or axillæ.

Thyroid gland was not enlarged. Radial pulse was almost imperceptible; expansion very slight; vessel wall soft.

There was nothing of note in the examination of the lungs, heart, liver, or spleen. The abdomen was retracted; pulsation of the abdominal aorta was distinctly visible and palpable. Examination of the urine was negative.

The patient died two days after admission. The autopsy showed isolated primary tuberculosis of both adrenal glands, with incipient tuberculous meningitis.

The chief point of interest in this case was the fact that there was no tendency on the part of the discrete pigmented areas to run together and become diffuse. The patches of pigmentation remained isolated throughout up to the time of death. Although the onset of pigmentation in Addison's disease is occasionally in the form of discrete patches, yet in nearly all these cases the pigmentation becomes diffuse before the fatal termination of the case.

Trebitsch states that these cases of Addison's disease might be mistaken for various affections in which pigmentation of the skin occurs. Among these he mentions the idiopathic multiple sarcomata of Kaposi, xeroderma pigmentosum, pigmented lesions following syphilis, and lentigines.

Changes in Metabolism and the White Blood-Corpuscles in Blood Dissolution.—KUHNAN (*Deutsch Archiv f. klin. Medicin*, 1897, Band lviii. 4 u. 5 Heft) studied the changes in metabolism and white corpuscles in diseases associated with dissolution of the red cells, and arrives at the following conclusions:

1. In blood dissolution there are marked leucocytosis and alterations in metabolism. The metabolic changes consist in:
    - (*a*) An increase in the uric acid and xanthin bases elimination.
    - (*b*) An increase in the excretion of phosphoric acid at first, followed by marked diminution later.
    - (*c*) An increase in the elimination of the chlorides.
    - (*d*) An establishment of a vicarious relationship between the chloride and phosphoric acid elimination, the retention of one being associated with an increased excretion of the other.
2. The increase in the alloxuric bodies (uric acid and xanthin bases) is dependent on an increased destruction of leucocytes.
3. The mother substance from which the alloxuric bodies are formed is contained chiefly in the plasma and serum of the blood, and to a much less extent in the red cells.
4. The amount of the uric acid forming substance is dependent on the richness of the blood in leucocytes.
5. The leucocytosis in blood dissolution is the result of the combined action of the following components: